



Managed Care Quality in Maryland: Performance Monitoring

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Presentation Summary

- Brief HealthChoice and Quality Assurance Overview
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- Value-Based Purchasing (VBP) & Performance Monitoring Policy Results
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*Brief HealthChoice and Quality
Assurance Overview*

Managed Care Quality

Maryland HealthChoice Program

- HealthChoice is Maryland's statewide mandatory managed care program
- HealthChoice began in 1997 after the Centers for Medicare and Medicaid Services (CMS) approved Maryland's Section 1115 waiver under the Social Security Act
- Currently, HealthChoice has nine participating managed care organizations that cover 85% of Medicaid lives in Maryland

Quality Assurance

- Oversees the quality of care of Medicaid recipients delivered by 9 Managed Care Organizations (MCOs).

MCO	Type
Aetna Better Health of Maryland (ABH)	National
Amerigroup Community Care (ACC)	National
CareFirst Community Health Plan of Maryland (CFCHP)	National
Jai Medical Systems, Inc. (JMS)	Provider-Owned
Kaiser Permanente of the Mid-Atlantic States, Inc. (KPMAS)	National
Maryland Physicians Care (MPC)	Hospital-Owned
Medstar Family Choice, Inc. (MSFC)	Hospital-Owned
Priority Partners (PPMCO)	Hospital-Owned
UnitedHealthcare Community Plan (UHC)	National

Quality Assurance

Quality Assurance Area	Activities
MCO Operations	Systems Performance Review (SPR)
	Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
	Network Adequacy/Secret Shopper (NAV)
Enrollee and Provider Satisfaction	Enrollee Satisfaction Survey (CAHPS)
	Provider Satisfaction Survey (PCP)
Quality Measurement	HEDIS Reporting
	Value-Based Purchasing Initiative (VBP)
	Consumer Report Card (CRC)
	Performance Improvement Projects (PIPs)
	NCQA Accreditation
Program Management and Oversight	Annual Technical Report(ATR)
	MCO Performance Monitoring Policy (PMP)

Quality Assurance

- All HealthChoice Quality Assurance Activity Reports can be found [here](#).
- Currently contracted with 3 vendors to oversee the quality of care through the MCOs:
 - Healthcare Effectiveness Data and Information Set (HEDIS®) Audit Vendor
 - MetaStar: Madison, WI
 - Satisfaction Survey Vendor
 - Center for the Study of Services (CSS): Washington, DC
 - External Quality Review Organization (EQRO) Vendor
 - Qlarant Quality Solutions, Inc.: Easton, MD

*CY 2020 HealthChoice
Quality Results*

Managed Care Quality

2021 Primary Care Provider Satisfaction Survey (PCPs)

Maryland HealthChoice PCP Satisfaction surveys were fielded to primary care physicians who participate in Maryland’s HealthChoice program. PCPs were asked to rate their satisfaction with a specified Managed Care Organization (MCO) they participate with. The survey questionnaire included questions on finance issues, utilization management, customer service, and provider relations.

	HC 2021	HC 2020	HC 2019
Overall Satisfaction	78%	77%	81%
Would Recommend MCO to Patients	87%	87%	89%
Would Recommend MCO to Other Physicians	86%	87%	88%

2021 Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Met or Exceeded HealthChoice Aggregate in Adult Surveys

Rating of Personal Doctor ($\geq 66\%$): JMS, KPMAS, MPC, MSFC

Rating of All Health Care ($\geq 55\%$): All except ABH

Rating of Specialist Seen Most Often ($\geq 66\%$): ACC, MSFC, PPMCO, UHC

Rating of Health Plan ($\geq 55\%$): All except ABH

-
- MSFC was **above** the statewide aggregate in all 4 categories
 - ACC, JMS, KPMAS, MPC, PPMCO, and UHC were **above** the statewide aggregate in 3 categories.
 - CFCHP was **below** the statewide aggregate in 3 categories.
 - ABH was **below** the statewide aggregate in all 4 categories.

2021 Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Met or Exceeded HealthChoice Aggregate in Child Surveys

Rating of Personal Doctor ($\geq 77\%$): ACC, JMS, KPMAS, PPMCO, UHC

Rating of All Health Care ($\geq 74\%$): ACC, JMS, KPMAS, PPMCO, UHC

Rating of Specialist Seen Most Often ($\geq 70\%$): ACC, CFCHP, MSFC, PPMCO, UHC

Rating of Health Plan ($\geq 68\%$): ACC, JMS, KPMAS, MPC, PPMCO, UHC

-
- ACC, PPMCO, and UHC were **above** the statewide aggregate in all 4 categories
 - JMS and KPMAS were **above** the statewide aggregate in 3 categories.
 - CFCHP, MPC, and MSFC were **below** the statewide aggregate in 3 categories.
 - ABH was **below** the statewide aggregate in all 4 categories.

2021 Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Met or Exceeded HealthChoice Aggregate in Children with Chronic Conditions (CCC)

Access to Specialized Services ($\geq 72\%$): JMS, MPC, MSFC, PPMCO

Personal Doctor Who Knows Child ($\geq 89\%$): ABH, ACC, MPC, PPMCO

Coordination of Care for Children with Chronic Conditions ($\geq 71\%$): ACC, JMS, KPMAS, MPC, MSFC

Getting Needed Information ($\geq 88\%$): ABH, JMS, MPC, MSFC

Access to Prescription Medicines ($\geq 91\%$): JMS, MPC, MSFC, PPMCO

-
- MPC was **above** the statewide aggregate in all 5 categories
 - JMS and MSFC were **above** the statewide aggregate in 4 categories.
 - CFCHP and UHC were **below** the statewide aggregate in all 5 categories.
 - KPMAS was **below** the statewide aggregate in 4 categories.

2020 Consumer Report Card (CRC)

2020

HealthChoice

Maryland's Medicaid Managed Care Program

Performance Report Card for Consumers

KEY

- ★ ★ ★ Above HealthChoice Average
- ★ ★ HealthChoice Average
- ★ Below HealthChoice Average
- NA Not Applicable*

This Report Card shows how the health plans in HealthChoice compare to each other. You may use this Report Card to help you choose a health plan. To choose a plan call 1-855-642-8572 (TDD: 1-855-642-8573) or visit www.marylandhealthconnection.gov.

If you are having trouble getting health care from your health plan or your doctor, try calling the health plan for customer service. If you still need help, call the HealthChoice Help Line at 1-800-284-4510 (TDD: 800-977-7389). For more information, visit www.marylandhealthconnection.gov/assets/MCO-Comparison-Chart.pdf



HEALTH PLANS	PERFORMANCE AREAS					
	ACCESS to CARE	DOCTOR COMMUNICATION and SERVICE	KEEPING KIDS HEALTHY	CARE for KIDS with CHRONIC ILLNESS	TAKING CARE of WOMEN	CARE for ADULTS with CHRONIC ILLNESS
AETNA BETTER HEALTH 1-866-827-2710	★	★	NA	NA	★	★ ★
AMERIGROUP COMMUNITY CARE 1-800-600-4441	★ ★ ★	★ ★	★ ★ ★	★ ★	★ ★	★
JAI MEDICAL SYSTEMS 1-888-524-1999	★ ★ ★	★ ★ ★	★ ★ ★	★ ★ ★	★ ★ ★	★ ★ ★
KAISER PERMANENTE 1-855-249-5019	★ ★	★ ★	★ ★ ★	★ ★	★ ★ ★	★ ★ ★
MARYLAND PHYSICIANS CARE 1-800-953-8854	★ ★ ★	★ ★	★	★ ★	★	★
MEDSTAR FAMILY CHOICE 1-888-404-3549	★ ★ ★	★ ★ ★	★	★ ★	★ ★	★ ★
PRIORITY PARTNERS 1-800-654-9728	★ ★ ★	★ ★	★ ★	★ ★	★ ★	★
UNITEDHEALTHCARE 1-800-318-8821	★ ★ ★	★ ★	★ ★	★ ★	★	★
UNIVERSITY OF MARYLAND HEALTH PARTNERS 1-800-730-8530	★ ★	★	★ ★	★ ★	★ ★	★

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Help is available in your language: 1-855-642-8572 (TTY: 1-855-642-8573). These services are available for free.

Hay ayuda disponible en su idioma: 1-855-642-8572 (TTY: 1-855-642-8573). Estos servicios están disponibles gratis.

Access to Care

- Appointments are scheduled without a long wait
- The health plan has good customer service
- Everyone sees a doctor at least once a year
- The health plan answers member calls quickly

Doctor Communication and Service

- Doctors explain things clearly and answer questions
- The doctor's office staff is helpful
- Doctors provide good care

Keeping Kids Healthy

- Kids get shots to protect them from serious illness
- Kids see a doctor and dentist regularly
- Kids get tested for lead

Care for Kids with Chronic Illness

- Doctors give personal attention
- Kids get the medicine they need
- A doctor or nurse knows the child's needs
- Doctors involve parents in decision making

Taking Care of Women

- Women are tested for breast cancer and cervical cancer
- Moms are taken care of when they are pregnant and after they have their baby

Care for Adults with Chronic Illness

- Doctors monitor blood sugar and cholesterol levels
- Doctors examine eyes for vision loss and check kidneys are healthy and working properly
- Adults get antibiotics and treatment for lower back pain when they need it

您若需要免费中文帮助，请拨打这个电话号码：1-855-642-8572 (TDD: 1-855-642-8573)

*NOTE: N/A means that the rating is not applicable and does not describe the performance or quality of care provided by the health plan. It should not affect your choice of health plan. This information was collected from health plans and their members and is the most current performance data available. The information was reviewed for accuracy by independent organizations. Health plan performance scores have not been adjusted for differences in service regions or member composition.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

MDH has conducted an EPSDT program named Healthy Kids, which requires all primary care providers (PCPs) providing services to HealthChoice children and adolescents through 20 years of age to comply with timely screening and preventive care according to Maryland Schedule of Preventive Health Care standards. Each year, an annual EPSDT medical record review is completed to ensure HealthChoice MCOs meet the MDH-established minimum compliance threshold of 80% for the below components:

Components	HC CY 2020	HC CY 2019	HC CY 2018
Health & Development History	94%	88%	94%
Comprehensive Physical Exam	96%	93%	97%
Laboratory Tests/At-Risk Screenings	<u>77%</u>	<u>66%*</u>	87%
Immunizations	86%	<u>71%*</u>	93%
Health Education/Anticipatory Guidance	94%	92%	94%
Total Composite Score	91%	83%	94%

*CY 2019 results are baseline as a result of the change in MRR process due to the COVID-19 public health emergency.

Underlined element scores denote scores below the 80% minimum compliance requirement.



Encounter Data Validation (EDV)

An annual medical record review is conducted by the EQRO to ensure the overall validity and reliability of the encounter data submission from all MCOs. MDH sets forth the requirements for collection and submission of encounter data by MCOs in the MCO’s contract. It includes all Code of Maryland Regulations (COMAR) provisions applicable to MCOs, including regulations concerning encounter data.

MCO	Inpatient			Outpatient			Office Visits		
	CY 2017	CY 2018	CY 2019	CY 2017	CY 2018	CY 2019	CY 2017	CY 2018	CY 2019
ABH	N/A	99%*	99%	N/A	98%*	96%	N/A	96%*	99%
ACC	99%	95%	95%	91%	98%	98%	93%	95%	97%
JMS	99%	95%	100%	95%	99%	97%	95%	92%	100%
KPMAS	100%	98%	100%	93%	100%	99%	95%	99%	99%
MPC	100%	98%	100%	93%	99%	97%	94%	96%	100%
MSFC	100%	98%	99%	93%	93%	90%	93%	95%	99%
PPMCO	100%	99%	99%	94%	98%	96%	97%	96%	98%
UHC	100%	95%	100%	93%	94%	95%	97%	96%	98%
UMHP ¹	100%	54%	95%	94%	97%	99%	97%	96%	99%
HealthChoice	100%	94%	99%	93%	97%	96%	95%	96%	99%

¹UMHP is now CareFirst Community Health Plan (CFCHP), effective February 1, 2021.



Grievances, Appeals, and Denials (GAD)

Quarterly studies of grievances, appeals, and pre-service denials were conducted for the third and fourth quarters of 2020 and the first and second quarters of 2021. The annual record review encompassed enrollee grievances, appeals, and pre-service denials that occurred during CY 2020. MCOs submit quarterly reports to Qlarant for review and Q2 2021 results are below.

Grievances Highlights

- KPMAS and JMS had the highest grievance rate per 1000 members (4.13/3.45).
- All but two MCOs met the turnaround time (TAT) requirements for member grievances (ABH at 0% and PPMCO at 50%, each representing one grievance out of compliance).
- TAT compliance for provider grievances was met by all seven of the applicable MCOs (KPMAS continues to report no provider grievances, MSFC had no provider grievances for this quarter).

Appeals Highlights

- CFCHP and PPMCO had the highest appeal rate per 1000 members (1.44/1.3).
- CFCHP and MSFC had the highest appeal overturn rates (88%/74%).
- The following MCOs scored below the 100 percent threshold for compliance with appeal timeframes in at least one category: ABH (87%), ACC (82%/99%), MPC (99%) and UHC (94%). ABH and ACC have remained non-compliant in at least one category for the last four quarters. The Department continues to monitor the listed MCOs' performance in this area.

Denial Highlights

- MPC and UHC have the highest denial rates per 1000 members (31.6/31.2).
- CFCHP (71%) did not meet the standard medical determination TAT.
- JMS did not meet the relaxed TAT compliance threshold for notification of standard medical adverse determinations (88%).
- KPMAS had the highest percentage of requests submitted with complete information (95%) and the highest approval rate (93%).

Network Adequacy Validation (NAV)

The Network Adequacy Validation (NAV) is an annual evaluation of each of the MCOs provider networks and assesses that each MCO has the ability to provide enrollees with timely access to needed care within a reasonable timeframe. The following MCO aggregate results are presented below.

Compliance Category	CY 2021	CY 2020	CY 2019
Routine Appointment Timeframes (≤30 days Requirement)	99.6%	100%	91%
Urgent Care Appointments (48-hour Requirement)	87%	88%	93%
Accuracy of Provider Directory			
PCP Listed in Online Directory	96%	97%	95%
PCP’s Practice Location Matched Survey Response	98%	98%	89%
PCP’s Telephone Number Matched Survey Response	97%	95%	92%
Specifies PCP Accepts New Medicaid Patients for MCO	81%	79%	64%
Specifies Age Specifications of Patients Seen	99.6%	100%	95%
Specifies Languages Spoken by PCP	99.9%	100%	77%
Specifies Practice Accommodations for Patients with Disabilities	96%	84%	61%



Performance Improvement Projects (PIPs)

Qlarant validates MCO annual PIP submissions for two projects: Lead Screening and Asthma Medication Ratio (AMR). In the validation process, Qlarant uses the CMS protocol to evaluate each MCO's performance in designing, conducting, and reporting their PIPs in a methodical and sound manner. The validation process evaluates 10 steps, resulting in a PIP Validation Score. The validation score is then used to determine the degree of confidence MDH can have in the reported results.

- **Lead Screening**

- Baseline CY 2017 - Remeasurement Year 2 CY 2019
- Rapid Cycle PIP (Quarterly and Annual submissions required)
- HEDIS & Maryland Encounter Data
 - The percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday (HEDIS indicator) and the percentage of children ages 12-23 months (enrolled 90 or more days) who receive a lead test during the current or prior calendar year (value-based purchasing [VBP] indicator).

- **AMR**

- Baseline CY 2016 - Remeasurement Year 3 CY 2019
- Annual submission required
- HEDIS
 - Increase the percentage of enrollees 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year

Performance Improvement Projects (PIPs)

The following results identify the level of confidence assigned to each MCO for their CY 2019 PIP performance.

Level of Confidence in Reported Results		ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC
LEAD	High Confidence				X		X		
	Confidence	X		X		X		X	
	Low Confidence								X
AMR	High Confidence			X	X				
	Low Confidence	X	X			X		X	X

Note: ABH will begin participating in the quarterly Lead PIP in Q4 2021 and annual report submissions for both PIPs in 2022.

Performance Improvement Projects (PIPs)

In addition to the EQRO PIP validations, HCQA performs annual evaluations of the MCOs' interventions developed and implemented. PIPs are an important process that impacts the overall quality of care for HealthChoice enrollees through planned improvements to the processes and health outcomes of care.

With the potential of becoming another aspect of MCO performance monitoring, HCQA, Dr. Teré Dickson, Physician Advisor for the HealthChoice Program developed this new process based on the following:

- In-depth evaluation of PIPs beyond EQR validation performed by Qlarant
- Majority of MCOs reporting unmet or partially met PIP goals on EQR validation
- Need for comprehensive approach and greater collaboration to improve health outcomes
- Healthcare for larger number of enrollees impacted by MCO performance - alignment with Maryland's population health improvement initiatives is necessary
- Greater emphasis placed on quality health outcomes and process improvements from CMS

Performance Improvement Projects (PIPs)

Evaluation grades are based upon the Total Evaluation Scores comprised of *Report Quality*, *Intervention Planning & Design*, and *Intervention Evaluation*.

Grade	Definition	Equivalent Score
A	Excellent: <ul style="list-style-type: none">● Model design● Scored 'met' in most or all of the review criteria	9-11 points
B	Satisfactory: <ul style="list-style-type: none">● Meets criteria but needs to strengthen certain elements	6-8 points
C	Needs Improvement: <ul style="list-style-type: none">● Stronger effort required in multiple areas of reporting, design, and evaluation	3-5 points
D	Unsatisfactory: <ul style="list-style-type: none">● Does not apply performance or quality improvement processes in its design or evaluation	0-2 points

Performance Improvement Projects (PIPs)

The Annual 2020 evaluation grades in the tables below are for trending purposes. As MCOs begin to apply suggested improvements to their PIP interventions, HealthChoice lead screening rates and the appropriate use of a controller medication should also increase.

ANNUAL 2020 (MY 2019) LEAD PIP EVALUATION GRADES BY MCO							
ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC
C	D	C	C	D	C	D	D

ANNUAL 2020 (MY 2019) AMR PIP EVALUATION GRADES BY MCO							
ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC
D	C	B	C	C	C	C	B

Systems Performance Review (SPR)

Qlarant provides an annual assessment of the structure, process, and outcome of each MCO's internal quality assurance programs. Through the triennial process, a comprehensive onsite review occurred in CY 2018 with interim desktop reviews occurring in CY 2019 and CY 2020. Interim reviews focus on any new baseline standards and any required corrective action plans (CAPs).

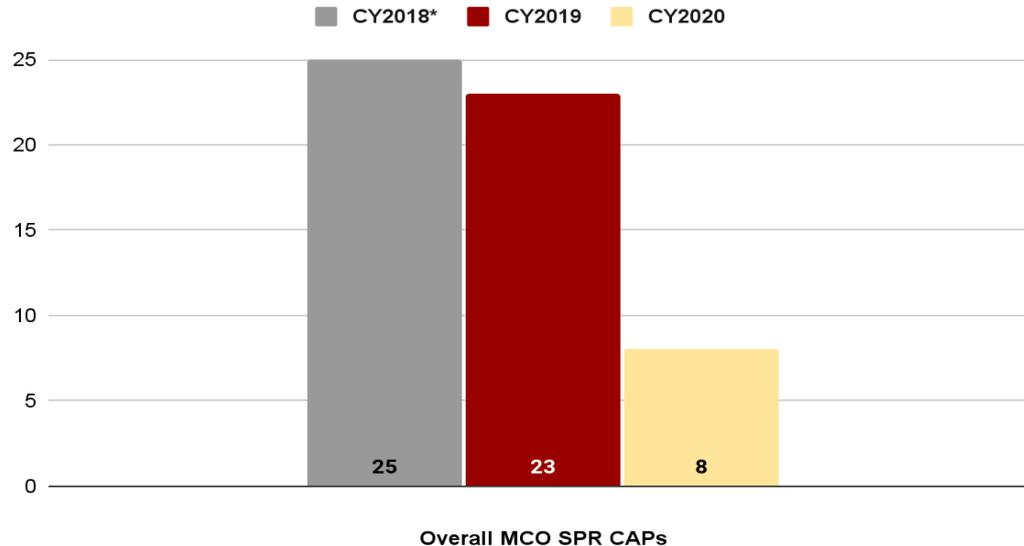
Performance Standards

- | | |
|---|-----------------------|
| 1. Systematic Process of Quality Assessment | 7. Utilization Review |
| 2. Accountability to the Governing Body* | 8. Continuity of Care |
| 3. Oversight of Delegated Entities | 9. Health Education* |
| 4. Credentialing and Recredentialing* | 10. Outreach |
| 5. Enrollee Rights | 11. Fraud and Abuse |
| 6. Availability and Accessibility | |

*These standards are exempt from review for MCOs that have reached 100% in past reviews, except for any new elements/components that are added.

Systems Performance Review (SPR)

MCO Corrective Action Plans (CAPs) for the Systems Performance Review Activity trend positively through the triennial review process. The majority of CAPs occur during the comprehensive review (CY 2018). A total of 8 CAPs were required from the CY 2020 review (ABH/2, ACC/1, CFCHP/2, KPMAS/2, PPMCO/1).



*Value-Based Purchasing (VBP) &
Performance Monitoring Policy*

Managed Care Quality

What is Value-Based Purchasing?

- The Value-Based Purchasing (VBP) initiative is a set of performance measures designed to improve performance by applying incentives and disincentives. Nine measures were selected for VBP CY 2020.
- Performance measures represent different HealthChoice populations and MDH priorities (e.g., pregnant women, children, adults, chronic disease management).
- Methodology for VBP CY 2020:
 - MDH sets an incentive target and disincentive target for each performance measure.
 - MCOs can score in a neutral range, meaning it neither gains nor loses money.
 - Each incentive and disincentive is worth 1/9th of 1% of MCO capitation rates for calendar year (CY) 2020.

What is Performance Monitoring?

- Performance Monitoring Policies review MCOs and provide potential intermediate sanctions on quality performance beyond Value Based Purchasing.
- The MCO Performance Monitoring Policies lay out minor, moderate, and major corrective actions MDH may employ in four HealthChoice quality assurance areas:
 - Network Adequacy
 - Systems Performance Review (SPR)
 - EPSDT/Healthy Kids Review
 - HEDIS Performance Measures
- MDH relies on its broad authority to implement intermediate sanctions if MCOs demonstrate poor performance year-over-year or for multiple years within a review period.

VBP & PMP Results

Managed Care Quality

Value-Based Purchasing (VBP)

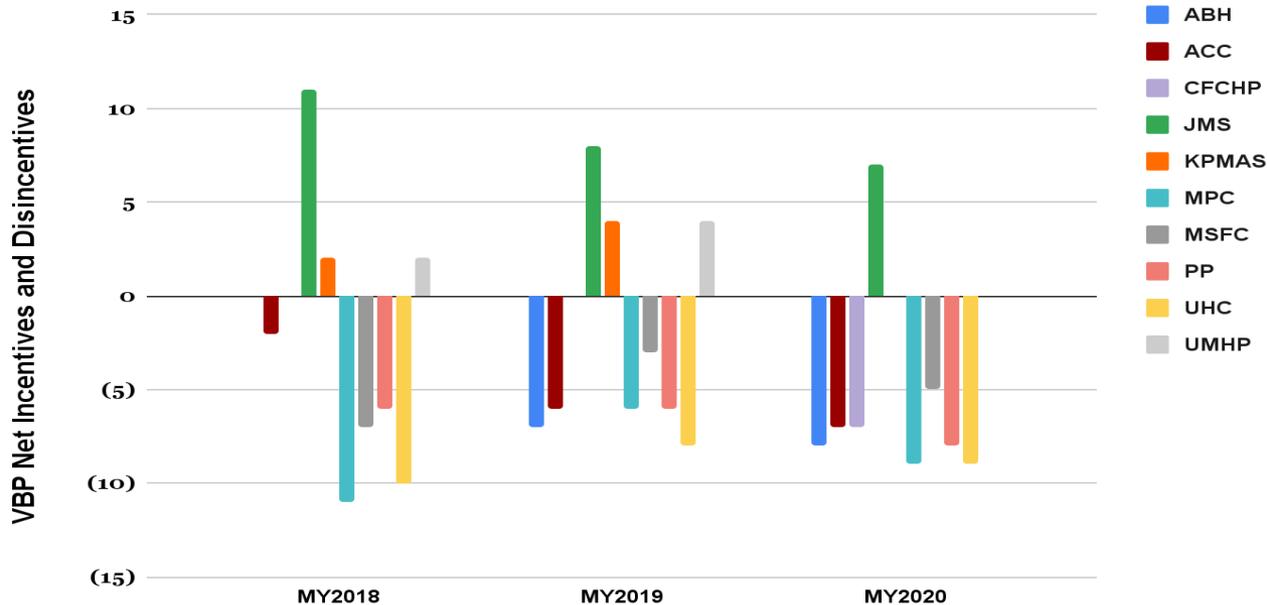
	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	UMHP
CY 2020	I: 0	I: 0	I: 0	I: 7	I: 3	I: 0	I: 0	I: 0	I: 0	
	N: 1	N: 2	N: 2	N: 2	N: 3	N: 0	N: 4	N: 1	N: 0	-
	D: 8	D: 7	D: 7	D: 0	D: 3	D: 9	D: 5	D: 8	D: 9	
CY 2019	I: 0	I: 1		I: 8	I: 6	I: 0	I: 1	I: 0	I: 0	I: 6
	N: 0	N: 1	-	N: 1	N: 1	N: 3	N: 2	N: 3	N: 1	N: 1
	D: 7	D: 7		D: 0	D: 2	D: 6	D: 6	D: 6	D: 8	D: 2
CY 2018		I: 4		I: 12	I: 7	I: 0	I: 2	I: 2	I: 1	I: 5
	-	N: 3	-	N: 0	N: 1	N: 2	N: 2	N: 3	N: 1	N: 5
		D: 6		D: 1	D: 5	D: 11	D: 9	D: 8	D: 11	D: 3
CY 2017		I: 3		I: 12	I: 6	I: 0	I: 2	I: 2	I: 1	I: 3
	-	N: 5	-	N: 1	N: 0	N: 2	N: 3	N: 5	N: 2	N: 3
		D: 5		D: 0	D: 7	D: 11	D: 8	D: 6	D: 10	D: 7

I: Incentive N: Neutral D: Disincentive



Value-Based Purchasing (VBP)

Three year trend reflects that the majority of MCOs perform in the disincentive range for VBP. Two MCOs (JMS & KPMAS) consistently perform in the net incentive range for VBP. JMS was the only MCO with a net incentive for MY 2020.



HEDIS Performance Monitoring Results

- HealthChoice MCOs are required to collect Healthcare Effectiveness Data and Information Set (HEDIS®) measures each year. HEDIS is a registered trademark of the National Committee for Quality Assurance.
- HEDIS compliance audits were conducted of all HealthChoice MCOs in order to report validated HEDIS results.
- HEDIS Performance Monitoring Policy
 - MDH monitors when a plan has 30 percent or more of its HEDIS measures with scores that fall below the national HEDIS average.
 - Sanctions in the past has focused on short-term freezes of auto-enrollment, ranging from one to three months.

HEDIS Monitoring Guidelines

Minor Problem

- One year with 30% or more elements with scores below the National Medicaid HEDIS Mean (NHM)
or
- Two consecutive years with 30% or more elements with scores below the NHM

Moderate Problem

- Three years in a row or three years within a five year period with 30% or more elements with scores below the NHM

Major Problem

- Four years in a row or four years within a five year period with 30% or more elements with scores below the NHM
or
- Four years in a row or four years within a five year period with any of the HEDIS VBP measures with scores below the NHM

MY 2020 HEDIS Performance Monitoring Results

HEDIS data from 2021 (MY 2020) evaluates MCO performance compared to the National HEDIS Mean (NHM). MCOs must have fewer than 30% of elements with scores below the NHM. Only one MCO (KPMAS) was successful in achieving the <30% threshold for 2021 (MY 2020) as reflected in the table below.

<u>Value</u>			ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC
A= At or Above		A	13	27	22	20	32	19	26	15	23
B=Below		B	24	13	16	19	6	21	14	26	17
%Below = B / (B+A)			64.9%	32.5%	42.1%	48.7%	15.8%	52.5%	35.0%	63.4%	42.5%
%At or Above = A / (B+A)			35.1%	67.5%	57.9%	51.3%	84.2%	47.5%	65.0%	36.6%	57.5%

SPR Performance Monitoring

- The Systems Performance Review (SPR) is an assessment of 11 standards. MCOs that do not meet minimum compliance scores for a standard are required to submit Corrective Action Plans (CAPs), which are reviewed annually.
- When an MCO has received a finding of Unmet or Partially Met for more than one consecutive year, the Performance Monitoring Policy is enforced.
- SPR Performance Monitoring Policy
 - MDH monitors when System Performance Review elements go unmet or partially met for multiple consecutive review periods.
 - Sanctions in the past focused on quarterly monitoring of corrective actions and financial sanctions.

SPR Performance Monitoring Guidelines

Minor Problem	<ul style="list-style-type: none">● Does not receive a “Met” in an element of component
Moderate Problem	<ul style="list-style-type: none">● Receives an “Unmet” score two years in a row on the same element (without components) or an “Unmet” or “Partially Met” score on the same component
Major Problem	<ul style="list-style-type: none">● Receives an “Unmet” score three or more years in a row on the same element (without components) or an “Unmet” or “Partially Met” score on the same component

SPR Performance Monitoring Results

MCO	CY 2020	CY 2020 Status	Sanction
ABH	6.2a, 7.5b, 7.7c, 7.7e, 7.8c: Unmet	Moderate SPR Problem	Quarterly Updates & Review of CAP by Qlarant.
ACC	7.4c, 7.6a, 7.7a, 7.7c, 7.8c: Unmet	Moderate SPR Problem	Quarterly Updates & Review of CAP by Qlarant.
CFCHP	5.8e, 7.8c: Unmet	Moderate SPR Problem	Quarterly Updates & Review of CAP by Qlarant.
KPMAS	7.7c, 7.8c, 11.4c, 11.4d: Unmet	Major SPR Problem	Quarterly Updates, Review of CAP by Qlarant, and Fine
PPMCO	7.4c, 7.7c: Unmet	Major SPR Problem	Quarterly Updates, Review of CAP by Qlarant, and Fine

EPSDT Performance Monitoring Results

- The EPSDT/Healthy Kids Medical Record Review is conducted to improve accessibility and to ensure the availability of quality health care for children and adolescents through 20 years of age.
- The annual assessment is performed by MDH's external quality review organization.
- EPSDT elements within a component are weighted equally, scored, and added together to derive the final component score. MDH has established 80% as the the minimum compliance score for each component.

EPSDT Performance Monitoring Guidelines

Minor Problem	<ul style="list-style-type: none">● Receives less than 80% in one or more components for a review year.
Moderate Problem	<ul style="list-style-type: none">● Receives less than 80% in one or more components for two review years -- this score could be for the same component or different components
Major Problem	<ul style="list-style-type: none">● Receives less than 80% in one or more components for three consecutive years, or for three years within a five year period – this score could be for the same component or different components

EPSDT Performance Monitoring Results

The minimum compliance score for each area is 80%. An assessment is performed for each MCO in each of the following EPSDT components: Health and Developmental History, Comprehensive Physical Examination, Laboratory Tests/At-Risk Screenings, Immunizations, and Health Education and Anticipatory Guidance.

	ABH	ACC	CFCHP	MPC	MSFC	PPMCO	UHC
Laboratory Tests/At-Risk Screenings	CY 2020: 71% CY 2019: 55%*	CY 2020: 73% CY 2019: 55%* CY 2018: 79%	CY 2020: 71% CY 2019: 58%*	CY 2020: 71% CY 2019: 55%*			
Immunizations	CY 2019: 62%*	CY 2019: 51%*	CY 2020: 79% CY 2019: 62%*	CY 2019: 62%*	CY 2019: 62%*	CY 2019: 62%*	CY 2019: 62%*
Sanction	Year 2, Moderate Problem: CAP required	Year 3, Major Problem: CAP with quarterly review	Year 2, Moderate Problem: CAP required				

*CAPs were foregone due to the pandemic switch to a desktop review

Managed Care Quality in Maryland

Questions/Wrap-Up



Managed Care Quality in Maryland

Thank You!